Revision: HCFA-PM-92-1

FEBRUARY 1992

(MB)

State: TENNESSEE

Citation(s)

2.6 Financial Eligibility

42 CFR 435.10 and Subparts G & H 1902(a)(10)(A)(i) (III), (IV), (V), (VI), (VI), and (VII), 1902(a)(10)(A)(ii) (IX), 1902(a)(10) (A)(ii)(X), 1902 (a)(10)(C), 1902(f), 1902(1) and (m), 1905(p) and (s), 1902(r)(2), and 1920

The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

TN No. 7/27/92 Supersedes Approval Date Effective Date 4/1/92 TN No. 92-2